

## TRAVEL EXPENSE CLAIM

Traveler ID Unit Code

210

## STAFF

BK Trip? ☐ YES ☐ NO

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STD. 262 (REV. 10/92)

CLAIMANT'S NAME  
Karen Baker

~~Fiscal Year~~  
2008-2009

2008TEC1759

SSN OR EMPLOYEE NUMBER\*

DEPARTMENT  
OPR

Secretary of Volunteering and

CB/ID NO.:  
EXEMPT

DIVISION OF RECREATION  
California Volunteers

PCA #

31101

RESIDENCE ADDRESS\*

HEADQUARTERS ADDRESS  
1110 K Street Suite 210

TELEPHONE NUMBER  
916-323-7646

CITY

STATE  
CA

ZIP CODE

CITY

Sacramento

STATE  
CA

ZIP CODE  
95814

(1) MONTH/YEAR		(3) LOCATION WHERE EXPENSES WERE INCURRED	(4) LODGING	(5) MEALS			(6) INCIDENT- TALS	(7) TRANSPORTATION					(8) BUSINESS EXPENSE	(9) TOTAL EXPENSES FOR DAY
(2)				BREAK- FAST	LUNCH	O.T., L/T, N/C, RELO. OR DINNER		(A) COST OF TRANS.	(B) TYPE USED	(C) CARFARE, TOLLS, PARKING	(D) PRIVATE CAR USE			
DATE	TIME										MILES	AMOUNT		
9/21	0600	Sac/Burbank	\$146.02				\$307.20		?	18	\$9.90	\$15.68	\$627.80	
9/22	1930	Burbank/Sac				\$18.00	\$6.00			\$9.00	18	\$9.90	\$42.90	
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CLAIM TOTAL	\$	\$670.70
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(11) PURPOSE OF TRIP, REMARKS AND DETAILS (Attach receipts/vouchers when required)

Attended Newsweek Luncheon on 9/21. Attended UCLA Volunteer Center Kickoff.  
Attended Full Commission Meeting on 9/22.

142) NORMAL WORK HOURS

(13) PRIVATE VEHICLE LICENSE NUMBER  
4vpd289

(14) MILEAGE RATE CLAIMED

AGENCY ACCOUNTING OFFICE  
USE ONLY

PAID BY REVOLVING FUND CHECK NUMBER

THE CERTIFY That the above is a true statement of the travel expenses incurred by me in accordance with DPA rules in the service of the State of California. If private owned vehicle was used, and if mileage rates exceed the minimum rate, I certify that the cost of operating the vehicle was equal to or greater than the rate claimed, and that I have met the requirements as prescribed by SAM Sections 0750, 0751, 0752, 0753, and 0754 pertaining to vehicle safety and seat belt usage.

(15) CLAIMANT'S SIGNATURE

DATE \_\_\_\_\_

(18) SIGNATURE OF OFFICER APPROVING TRAVEL AND PAYMENT

DATE \_\_\_\_\_

(17) SPECIAL EXPENSE AUTHORIZATION - SIGNATURE and TITLE (See Item 17 on reverse)

DATE \_\_\_\_\_